

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101595496

FILING DATE

4-24-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15	1		1			
16						
17						
18						
19						
20						
21	①					
22	②					
23	③					
24	④					
25	1		1			
26						
27						
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45						
46						
47						
48						
49						
50						
TOTAL IND.			3			
TOTAL DEP.		←	37	←		
TOTAL CLAIMS			30			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.				↓		
TOTAL DEP.		←			↓	
TOTAL CLAIMS					↓	